

Application for Employment



PO Box 807
Pratt, KS 67124

POSITION(S) APPLIED FOR:

DATE: _____

ADMINISTRATION/FINANCE

ELECTRIC UTILITY

LAW ENFORCEMENT

DISPATCH

PUBLIC WORKS

OTHER _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP

PHONE: _____

AGE GROUP: UNDER 18 18 – 70 OVER 70

IF NECESSARY, BEST TIME TO CALL YOU AT HOME _____

ARE YOU EMPLOYEED NOW? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

MAY WE CONTACT YOU AT WORK? YES NO

IF YES, WORK NUMBER AND BEST TIME TO CALL _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PRATT IN THE PAST? YES NO

IF YES, WHEN AND WHICH DEPARTMENT? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID DRIVER’S LICENSE? YES NO

WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL IF REQUIRED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN: _____

AN EQUAL OPPORTUNITY EMPLOYER

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

TYPE OF WORK DESIRED: FULL TIME PART TIME

ARE YOU WILLING TO WORK EVENING OR NIGHT TIME HOURS? YES NO

WILL YOU WORK OVERTIME HOURS IF ASKED? YES NO

EMPLOYMENT EXPERIENCE: LIST PRESENT AND PAST EMPLOYERS, MOST RECENT FIRST

NAME & ADDRESS OF EMPLOYER

JOB TITLE	DATES EMPLOYED (FROM/TO)	REASON FOR LEAVING
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WORK PERFORMED

NAME & ADDRESS OF EMPLOYER

JOB TITLE	DATES EMPLOYED (FROM/TO)	REASON FOR LEAVING
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WORK PERFORMED

NAME & ADDRESS OF EMPLOYER

JOB TITLE	DATES EMPLOYED (FROM/TO)	REASON FOR LEAVING
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WORK PERFORMED

SPECIAL SKILLS, TRAINING, EXPERIENCE, ETC

EDUCATIONAL DATA

HIGHEST SCHOOL GRADE COMPLETED: _____

NAME & ADDRESS OF LAST HIGH SCHOOL ATTENDED	GRADUATE?	IF GED, YEAR
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COLLEGES/UNIVERSITIES ATTENDED	GRADUATE?	DEGREE/MAJOR SUBJECTS
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MILITARY DATA

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? ____ IF YES, BRANCH: _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE: _____

LIST MILITARY DUTIES INCLUDING ANY SPECIAL TRAINING: _____

GIVE THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE, A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF PRATT.

Signature of Applicant

Date